

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
<i>Company Tracking Number:</i>	<i>AS 2550 - AMERITAS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

## Filing at a Glance

Company: Ameritas Life Insurance Corp.	SERFF Tr Num: UNNC-125552311	State: ArkansasLH
Product Name: AS 2550 - Ameritas	SERFF Status: Closed	State Tr Num: 38529
TOI: L09I Individual Life - Flexible Premium		
Adjustable Life		
Sub-TOI: L09I.001 Single Life	Co Tr Num: AS 2550 - AMERITAS	State Status: Approved-Closed
Filing Type: Form	Co Status:	Reviewer(s): Linda Bird
	Authors: Bobbie Cramer, Joanne	Disposition Date: 04/02/2008
	Friend, Tanya Garrett	
	Date Submitted: 03/26/2008	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date:
State Filing Description:		

## General Information

Project Name: AS 2550 - Ameritas	Status of Filing in Domicile: Pending
Project Number: AS 2550- Ameritas	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 04/02/2008	
State Status Changed: 04/02/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Re: Ameritas Life Insurance Corp.	
NAIC No. 61301-0943 FEIN No. 47-0098400	

Submission Form Identification: AS 2550 PI-A, et al – Application for Insurance  
Designation of form as Individual or General Market: Individual

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
<i>Company Tracking Number:</i>	<i>AS 2550 - AMERITAS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

General Description of Submission: Application to be used with individual and joint life products.

Enclosed for your review and approval are the above-referenced individual application forms which we are updating and revising the format for a multi-company approach. This AS 2550 Application series is being submitted in a modular format and will be used by the two UNIFI Companies of Acacia Life Insurance Company and Ameritas Life Insurance Corp as our general application for all future individual and joint life products. The applicant will be asked to check a box to indicate the company for which they are applying. For ease of administrative tracking, these forms are being submitted as two separate filings for each company.

This format will eliminate costly duplicative forms and enables the same information required for all individual life products to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as conditional receipt and authorization). Product specific information is collected on the product specific components.

We are attaching an Exhibit A which lists the form numbers, form descriptions, flesch scores and whether or not each form is replacing a previously approved form. The flesch scores listed on the Exhibit A excludes medical terminology and federally or state required language. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

These forms were filed concurrently with our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355 or via e-mail at: tgarrett@unioncentral.com. Thank you for your consideration of this submission. Be assured it is appreciated.

## Company and Contact

### Filing Contact Information

Tanya Garrett, Compliance Specialist  
1876 Waycross Road  
Cincinnati, OH 45240

tgarrett@unioncentral.com  
(513) 595-2355 [Phone]

### Filing Company Information

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
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<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

Ameritas Life Insurance Corp.	CoCode: 61301	State of Domicile: Nebraska
5900 "O" STREET	Group Code: 943	Company Type: Stock
LINCOLN, NE 68510	Group Name:	State ID Number:
(800) 825-1551 ext. [Phone]	FEIN Number: 47-0098400	
	-----	

SERFF Tracking Number:	UNNC-125552311	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38529
Company Tracking Number:	AS 2550 - AMERITAS		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AS 2550 - Ameritas		
Project Name/Number:	AS 2550 - Ameritas/AS 2550- Ameritas		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$20/form if separate from policy
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Ameritas Life Insurance Corp.	\$100.00	03/26/2008	18994852

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Linda Bird	04/02/2008	04/02/2008

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

## Disposition

Disposition Date: 04/02/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNNC-125552311	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38529
Company Tracking Number:	AS 2550 - AMERITAS		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AS 2550 - Ameritas		
Project Name/Number:	AS 2550 - Ameritas/AS 2550- Ameritas		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Exhibit A		Yes
Supporting Document	Universal Readability Certification		Yes
Supporting Document	AS 2550 AR Submiss Letter		Yes
Form	Advisor Services Combo Application Personal Information Page One (1st Insured)		Yes
Form	Advisor Services Combo Application Personal Information Page Two (Other Insured/s)		Yes
Form	Advisor Services Combo Application Financial Information Page		Yes
Form	Advisor Services Combo Application Lifestyle and Health Questionnaire Page		Yes
Form	Advisor Services Combo Application Agreement Page		Yes

SERFF Tracking Number: UNNC-125552311 State: Arkansas

Filing Company: Ameritas Life Insurance Corp. State Tracking Number: 38529

Company Tracking Number: AS 2550 - AMERITAS

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.001 Single Life  
Adjustable Life

Product Name: AS 2550 - Ameritas

Project Name/Number: AS 2550 - Ameritas/AS 2550- Ameritas

## Form Schedule

**Lead Form Number:** AS 2550 - Ameritas

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	AS 2550 PI-A	Application/ Enrollment Form	Advisor Services Combo Application Personal Information Page One (1st Insured)	Initial		52	AS 2550 PI-A.pdf
	AS 2550 PI-B	Application/ Enrollment Form	Advisor Services Combo Application Personal Information Page Two (Other Insured/s)	Initial		50	AS 2550 PI-B.pdf
	AS 2550 FI	Application/ Enrollment Form	Advisor Services Combo Application Financial Information Page	Initial		58	AS 2550 FI.pdf
	AS 2550 LQHQ	Application/ Enrollment Form	Advisor Services Combo Application Lifestyle and Health Questionnaire Page	Initial		57	AS 2550 LQHQ.pdf
	AS 2550 AG	Application/ Enrollment Form	Advisor Services Combo Application Agreement Page	Initial		52	AS 2550 AG.pdf



# Application for Insurance

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## Personal Information

*Please print clearly in black ink.*

### CHECK ALL COMPANIES THAT APPLY:

- ☐ **Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)
- ☐ **Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Proposed Insured (One):

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID: \_\_\_\_\_  
State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

### 2. Owner Information (One):

*(Complete only if Owner is other than Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID: \_\_\_\_\_  
State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

### 3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_
- b) Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_

# Application for Insurance

1024

## Personal Information (continued)

*Please print clearly in black ink.***Acacia Life Insurance Company**

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

**1. Proposed Insured (Two): (Survivorship Life ONLY)**

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID: \_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

**2. Owner Information (Two):***(Complete only if Owner is other than a Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID: \_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

**3. Proposed Insured: (Child One or Other)**

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_

**4. Proposed Insured: (Child Two or Other)**

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_

## Financial Information

Please print clearly in black ink.

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Existing and Pending Insurance - Proposed Insured(s):

- |  | Proposed<br>Insured One | Proposed<br>Insured Two |
|--|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s). . . . \$   | \$                      | \$                      |
| If the Proposed Insured is a juvenile, what is the total amount of life insurance in force on the parent(s)? . . . . \$  |                         |                         |
| b) Total insurance currently pending with all companies, including this application. . . . . \$  | \$                      | \$                      |
| c) Of the above pending amount, how much do you intend to accept? \$   | \$                      | \$                      |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.)   |                         |                         |
| <b>Proposed Insured:</b> <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____   |                         |                         |
| Group, Personal or Business: _____   |                         |                         |
| Issue Date: _____  |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                         |
| Face Amount: _____   |                         |                         |
| <b>Proposed Insured:</b> <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____   |                         |                         |
| Group, Personal or Business: _____   |                         |                         |
| Issue Date: _____  |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                         |
| Face Amount: _____   |                         |                         |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? (If "Yes," give details.) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                         |

### 2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? . . . . ☐ Yes ☐ No  
(If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) . . . ☐ Yes ☐ No
- Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_
- Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- Type of Policy: \_\_\_\_\_

### 3. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? . . . ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? . . . ☐ Yes ☐ No

(If "Yes," list: lender, duration of loan, and collateral required.)

- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? (If "Yes," give details.) . . . . ☐ Yes ☐ No
- d) Will the policy, if issued, be placed in a trust? . . . ☐ Yes ☐ No  
(If "Yes," give details and provide copy of trust.)

### 4. Financial Questions:

- |   | Proposed<br>Insured One | Proposed<br>Insured Two |
|---|-------------------------|-------------------------|
| a) Gross annual earned income: . . . \$   | \$                      | \$                      |
| (salary, commissions, bonuses, etc.)  |                         |                         |
| b) Gross annual unearned income: . . . \$   | \$                      | \$                      |
| (dividend, interest, net real estate income, etc.)  |                         |                         |
| c) Household net worth: \$  |                         |                         |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                         |
| e) If Owner, other than the proposed insured, is an individual:   |                         |                         |
| Net Worth: . . . . . \$   |                         |                         |
| Net Annual Income: . . . . . \$   |                         |                         |
| Total Family Income: . . . . . \$   |                         |                         |

### 5. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer  
☐ Securities ☐ Relative ☐ Premium Finance  
☐ Sale of personal property or real estate  
☐ Insurance/Annuities (Loans/Withdrawals)  
☐ 1035 Exchange  
☐ Insurance or annuity maturity value or death benefit  
☐ Rollover/Transfer of 401(k) or Pension Funds  
☐ Other: \_\_\_\_\_

### 6. Business Insurance: (Complete for ALL Business Owned Insurance.)

- |   | Current Year | Previous Year |
|---|--------------|---------------|
| a) Assets: . . . . . \$   | \$           | \$            |
| b) Liabilities: . . . . . \$  | \$           | \$            |
| c) Gross Sales: . . . . . \$  | \$           | \$            |
| d) Net Income after taxes: . . \$   | \$           | \$            |
| e) Fair Market Value of the business: . . . . . \$  | \$           | \$            |
| f) What percentage of the business is owned by Proposed Insured(s)? . . . . . %   |              |               |
| g) Are other partners / owners / executives being insured? (If "Yes," give details.) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |              |               |

Application for Insurance
Lifestyle and Health Questionnaire

Please print clearly in black ink.

Acacia Life Insurance Company
Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

- 1. Used tobacco or nicotine products in any form within the last five years?
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused?
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition?
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft?
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years?
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law?
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.?
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization?
9. Engaged in or plan to engage in any form of the following:

- Motorized Racing
Parachuting/Skydiving
Ballooning
Rodeo
Snowmobiling
Boat racing
Scuba diving
Hang-gliding
Mountain climbing
Competitive skiing
Gliding
Other:

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Child(ren) or Other Insured - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Medical Information:

Has any proposed insured ever been diagnosed or treated by a licensed medical physician for diabetes, heart disease, stroke or cancer?
Proposed Insured One
Proposed Insured Two
Child(ren) or Other Insured.
If "Yes," please provide insured's name, physician's name, complete address and phone number.

# Application for Insurance

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## Agreement

*Please print clearly in black ink.*

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

## Agreement

The undersigned represent that their statements in this application and Part II, if such Part II is required by the companies listed above ("the Companies"), are true and complete to the best of their knowledge and belief. It is agreed that:

- (a) the only statements to be considered as the basis of the policy are those contained in the application or in any amendment to the application;
- (b) any prepayment made with this application will be subject to the provisions of the CONDITIONAL RECEIPT;
- (c) **if there is no prepayment made with this application, the policy will not take effect until:**
  - (1) **the first premium is paid during the lifetime of the proposed insured(s) and while his/her health and the facts and other conditions affecting their insurability remain as described in this application and Part II, if required; and**
  - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
- (e) this application was signed and dated in the state indicated.

If applying for an indeterminate premium plan:

- (a) the premium for such plan is guaranteed for the initial guarantee period, and after such period, the current annual premium is not guaranteed and may change; and
- (b) the premium will never exceed the specified maximum.

## Fraud Notice

Any person who knowingly or with intent to defraud; submits an application or files a claim containing false, incomplete or misleading information; is guilty of a crime and may be subject to fines and criminal penalties, including imprisonment. In addition, insurance benefits may be denied if false information provided by an applicant is materially related to a claim.

Dated at: \_\_\_\_\_  
City State Month Day Year

Print or Type Proposed Insured Name

**X**

Signature of Proposed Insured

Print or Type Name of Other Proposed Insured

**X**

Signature of Other Proposed Insured

Print or Type Owner if not Proposed Insured

**X**

Signature of Owner if not Proposed Insured

Print or Type Insurance Producer Name

Producer #

**X**

Signature of Licensed Soliciting Producer

Producer State Lic. #

Print or Type Insurance Producer Name

Producer #

**X**

Signature of Licensed Soliciting Producer

Producer State Lic. #

Agency Name

Agency #

## Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**X**

Signature of Owner, Trustee/Employer

Date

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
<i>Company Tracking Number:</i>	<i>AS 2550 - AMERITAS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

## Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNNC-125552311	State:	Arkansas
Filing Company:	Ameritas Life Insurance Corp.	State Tracking Number:	38529
Company Tracking Number:	AS 2550 - AMERITAS		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	AS 2550 - Ameritas		
Project Name/Number:	AS 2550 - Ameritas/AS 2550- Ameritas		

## Supporting Document Schedules

### Review Status:

**Satisfied -Name:** Certification/Notice

03/17/2008

**Comments:**

**Attachments:**

AR Reg. 19 cert.pdf

AR Reg. 49 cert.pdf

### Review Status:

**Satisfied -Name:** Application

03/17/2008

**Comments:**

These Application forms are also attached under the Forms Tab.

**Attachments:**

AS 2550 AG.pdf

AS 2550 FI.pdf

AS 2550 LQHQ.pdf

AS 2550 PI-A.pdf

AS 2550 PI-B.pdf

### Review Status:

**Bypassed -Name:** Health - Actuarial Justification

03/17/2008

**Bypass Reason:** Not required for this filing.

**Comments:**

### Review Status:

**Bypassed -Name:** Outline of Coverage

03/17/2008

**Bypass Reason:** Not required for this filing.

**Comments:**

### Review Status:

**Satisfied -Name:** Exhibit A

03/25/2008

**Comments:**

<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
<i>Company Tracking Number:</i>	<i>AS 2550 - AMERITAS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

**Attachment:**

AS 2550-Ameritas Exhibit A.pdf



<i>SERFF Tracking Number:</i>	<i>UNNC-125552311</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Ameritas Life Insurance Corp.</i>	<i>State Tracking Number:</i>	<i>38529</i>
<i>Company Tracking Number:</i>	<i>AS 2550 - AMERITAS</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.001 Single Life</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AS 2550 - Ameritas</i>		
<i>Project Name/Number:</i>	<i>AS 2550 - Ameritas/AS 2550- Ameritas</i>		

**Review Status:**

**Satisfied -Name:** Universal Readability Certification

03/26/2008

**Comments:**

The Universal Readability Certification is attached.

**Attachment:**

Universal Readability Cert.pdf

**Review Status:**

**Satisfied -Name:** AS 2550 AR Submiss Letter

03/26/2008

**Comments:**

**Attachment:**

AS 2550 AR Submiss Letter.pdf

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Rule and Regulation 19 and that Ameritas Life Insurance Corp. meets the provisions of said Rule and Regulation, as well as all applicable requirements of your Department regarding Unfair Sex Discrimination in the Sale of Insurance.

A handwritten signature in black ink, reading "Robert G. Lange". The signature is written in a cursive style with a large, stylized "R" and "L".

Robert G. Lange

Vice President, General Counsel & Asst. Secretary - Ameritas Life Insurance Corp.

March 26, 2008

\_\_\_\_\_  
Date

**CERTIFICATION**  
**Arkansas**

We hereby certify that we have reviewed Arkansas Rule and Regulation 49 and that Ameritas Life Insurance Corp. is in compliance regarding Life and Health Insurance Guaranty Association Notices.

We also certify that we have reviewed ACA 23-79-138 regarding the use of Complaint Notices and assure that Ameritas Life Insurance Corp. is in compliance.



Robert G. Lange

Vice President, General Counsel & Asst. Secretary - Ameritas Life Insurance Corp.

March 26, 2008

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Date

**Reg. Section 6 DI: Method of Disclosure of Required Information**

All information required to be disclosed by this rule shall be set out conspicuously and in close conjunction with the statements to which such information relates or under appropriate captions of such prominence that it shall not be minimized, rendered obscure or presented in an ambiguous fashion or intermingled with the context of the advertisements so as to be confusing or misleading.

**Reg. Section 6 Life: Valuation**

The minimum valuation standard for universal life insurance policies shall be the Commissioners Reserve Valuation Method

# Application for Insurance

1024

## Agreement

*Please print clearly in black ink.*

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
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  - (2) **the policy is delivered to the Owner;**
- (d) no one except the President, a Vice President, the Secretary, or an Assistant Secretary can make, alter or discharge contracts or waive any of the Companies' rights or requirements; and
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Dated at: \_\_\_\_\_  
City State Month Day Year

Print or Type Proposed Insured Name

**X**

Signature of Proposed Insured

Print or Type Name of Other Proposed Insured

**X**

Signature of Other Proposed Insured

Print or Type Owner if not Proposed Insured

**X**

Signature of Owner if not Proposed Insured

Print or Type Insurance Producer Name

Producer #

**X**

Signature of Licensed Soliciting Producer

Producer State Lic. #

Print or Type Insurance Producer Name

Producer #

**X**

Signature of Licensed Soliciting Producer

Producer State Lic. #

Agency Name

Agency #

## Taxpayer Identification Number (TIN)

Social Security Number

Employer Identification Number

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct TIN (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding either because: a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

- 3) I am a U.S. Citizen or other U.S. Person (including a U.S. resident alien).

Cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**X**

Signature of Owner, Trustee/Employer

Date

## Financial Information

Please print clearly in black ink.

**Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Existing and Pending Insurance - Proposed Insured(s):

- |  | Proposed<br>Insured One | Proposed<br>Insured Two |
|--|-------------------------|-------------------------|
| a) Total insurance in force on the Proposed Insured(s). . . . \$   | \$                      | \$                      |
| If the Proposed Insured is a juvenile, what is the total amount of life insurance in force on the parent(s)? . . . . \$  |                         |                         |
| b) Total insurance currently pending with all companies, including this application. . . . . \$  | \$                      | \$                      |
| c) Of the above pending amount, how much do you intend to accept? \$   | \$                      | \$                      |
| d) Provide information for each policy in force on the Proposed Insured(s). (Attach additional page if necessary.)   |                         |                         |
| <b>Proposed Insured:</b> <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____   |                         |                         |
| Group, Personal or Business: _____   |                         |                         |
| Issue Date: _____  |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                         |
| Face Amount: _____   |                         |                         |
| <b>Proposed Insured:</b> <input type="checkbox"/> One <input type="checkbox"/> Two   |                         |                         |
| Company: _____   |                         |                         |
| Group, Personal or Business: _____   |                         |                         |
| Issue Date: _____  |                         |                         |
| To Remain in Force? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                         |                         |
| Face Amount: _____   |                         |                         |
| e) Have you ever sold, assigned, or pledged as collateral a life insurance policy, or an interest in a life insurance policy? (If "Yes," give details.) . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                         |

### 2. Existing Insurance (Replacement):

- a) Do you have any existing life insurance policies or annuity contracts? . . . . ☐ Yes ☐ No  
(If "Yes," complete a Replacement Notice if required by State Law.)
- b) Will any life insurance policy or annuity contract presently in force with this or any other company be discontinued, reduced, changed, or replaced if insurance now applied for is issued? (If "Yes," give details.) . . . ☐ Yes ☐ No
- Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_
- Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- Type of Policy: \_\_\_\_\_

### 3. Statement of Intent:

- a) Is there, or will there be, any agreement or understanding that provides for a party, other than the Owner, to obtain any interest in any policy issued on the life of the proposed insured as a result of this application? . . . ☐ Yes ☐ No
- b) Will the premiums be financed through a loan? . . . ☐ Yes ☐ No

(If "Yes," list: lender, duration of loan, and collateral required.)

- c) Will any entity other than a life insurance company be medically evaluating the proposed insured either to obtain financing or to determine life expectancy? (If "Yes," give details.) . . . . ☐ Yes ☐ No
- d) Will the policy, if issued, be placed in a trust? . . . ☐ Yes ☐ No  
(If "Yes," give details and provide copy of trust.)

### 4. Financial Questions:

- |   | Proposed<br>Insured One | Proposed<br>Insured Two |
|---|-------------------------|-------------------------|
| a) Gross annual earned income: . . . \$   | \$                      | \$                      |
| (salary, commissions, bonuses, etc.)  |                         |                         |
| b) Gross annual unearned income: . . . \$   | \$                      | \$                      |
| (dividend, interest, net real estate income, etc.)  |                         |                         |
| c) Household net worth: \$  |                         |                         |
| d) In the last 5 years, has either of the Proposed Insured(s) or the business had any major financial problems (bankruptcy, etc.)? (If "Yes," give details.) <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                         |
| e) If Owner, other than the proposed insured, is an individual:   |                         |                         |
| Net Worth: . . . . \$   |                         |                         |
| Net Annual Income: . . . . \$   |                         |                         |
| Total Family Income: . . . . \$   |                         |                         |

### 5. Source of Premiums: (Check one or more.)

- ☐ Current Income ☐ Cash Savings ☐ Employer  
☐ Securities ☐ Relative ☐ Premium Finance  
☐ Sale of personal property or real estate  
☐ Insurance/Annuities (Loans/Withdrawals)  
☐ 1035 Exchange  
☐ Insurance or annuity maturity value or death benefit  
☐ Rollover/Transfer of 401(k) or Pension Funds  
☐ Other: \_\_\_\_\_

### 6. Business Insurance: (Complete for ALL Business Owned Insurance.)

- |   | Current Year | Previous Year |
|---|--------------|---------------|
| a) Assets: . . . . . \$   | \$           | \$            |
| b) Liabilities: . . . . . \$  | \$           | \$            |
| c) Gross Sales: . . . . . \$  | \$           | \$            |
| d) Net Income after taxes: . . \$   | \$           | \$            |
| e) Fair Market Value of the business: . . . . . \$  | \$           | \$            |
| f) What percentage of the business is owned by Proposed Insured(s)? . . . . . %   |              |               |
| g) Are other partners / owners / executives being insured? (If "Yes," give details.) . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No |              |               |

Application for Insurance
Lifestyle and Health Questionnaire

Please print clearly in black ink.

Acacia Life Insurance Company
Ameritas Life Insurance Corp.
P.O. Box 81889, Lincoln, NE 68501
800-745-1112, Fax 402-467-7335
(Client Service Department)

Lifestyle Questions: (Please provide details for "Yes" answers.)

Has any person proposed for coverage:

- 1. Used tobacco or nicotine products in any form within the last five years?
2. Ever applied for insurance or reinstatement which has been: declined, postponed, rated, modified; or had any such insurance canceled or a renewal premium refused?
3. Ever received or claimed: indemnity, benefits, or a payment for any injury, sickness or impaired condition?
4. Ever made any flights as: a pilot, student pilot, or crew member of any aircraft?
5. Been convicted of a moving traffic violation, had any traffic accidents, or had a driver's license revoked or suspended within the past five years?
6. Been charged with, or convicted of, or currently awaiting trial on the violation of any criminal law?
7. In the next year, any intention of traveling outside the U.S. or Canada or residing outside of the U.S.?
8. Belong to or intend joining: any active or reserve military, naval, or aeronautic organization?
9. Engaged in or plan to engage in any form of the following:

- Motorized Racing
Parachuting/Skydiving
Ballooning
Rodeo
Snowmobiling
Boat racing
Scuba diving
Hang-gliding
Mountain climbing
Competitive skiing
Gliding
Other:

Proposed Insured One - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Proposed Insured Two - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Child(ren) or Other Insured - Details for any "Yes" answers to Lifestyle Questions: (Indicate question number and time frame.)

Medical Information:

Has any proposed insured ever been diagnosed or treated by a licensed medical physician for diabetes, heart disease, stroke or cancer?
Proposed Insured One
Proposed Insured Two
Child(ren) or Other Insured.
If "Yes," please provide insured's name, physician's name, complete address and phone number.

# Application for Insurance

1024

## Personal Information

*Please print clearly in black ink.*

### CHECK ALL COMPANIES THAT APPLY:

- ☐ **Acacia Life Insurance Company**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)
- ☐ **Ameritas Life Insurance Corp.**  
P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

### 1. Proposed Insured (One):

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID: \_\_\_\_\_  
State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

### 2. Owner Information (One):

*(Complete only if Owner is other than Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID: \_\_\_\_\_  
State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

### 3. Beneficiary Information: (Subject to change by Owner.)

- a) Primary Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_
- b) Contingent Beneficiary: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Relationship to Proposed Insured: \_\_\_\_\_  
Social Security/Tax ID: \_\_\_\_\_  
Date of Birth or Date of Trust: \_\_\_\_\_

# Application for Insurance

1024

## Personal Information (continued)

*Please print clearly in black ink.***Acacia Life Insurance Company**

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335  
(Client Service Department)

**Ameritas Life Insurance Corp.**

P.O. Box 81889, Lincoln, NE 68501  
800-745-1112, Fax 402-467-7335

**1. Proposed Insured (Two): (Survivorship Life ONLY)**

- a) Name: \_\_\_\_\_
- b) Date of Birth: \_\_\_\_\_ c) Sex: ☐ Male ☐ Female
- d) Place of Birth: \_\_\_\_\_
- e) Social Security/Tax ID No.: \_\_\_\_\_
- f) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- g) Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- h) Years at this Address: \_\_\_\_\_
- i) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Best time to call: \_\_\_\_\_ at: ☐ Business ☐ Home  
In the event you are not available when our  
interviewer calls, may we speak with your spouse? ☐ Yes ☐ No
- j) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- k) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- l) Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- m) Occupation: \_\_\_\_\_ Years: \_\_\_\_\_
- n) Duties: \_\_\_\_\_

**2. Owner Information (Two):***(Complete only if Owner is other than a Proposed Insured.)*

- a) ☐ Individual b) ☐ Trust (provide copy) c) ☐ Partnership
- d) ☐ Corporation: County of Incorporation: \_\_\_\_\_
- e) Full Name: \_\_\_\_\_
- f) Relationship to Proposed Insured(s): \_\_\_\_\_
- g) Trustee(s) Name: \_\_\_\_\_
- h) Date of Birth or Date of Trust: \_\_\_\_\_
- i) Social Security/Tax ID No.: \_\_\_\_\_
- j) Driver's License or other Government issued picture ID:  
\_\_\_\_\_ State: \_\_\_\_\_
- k) Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
- l) Tel. (Home): \_\_\_\_\_  
(Business): \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
- m) Residency Status: ☐ U.S. Resident ☐ Other: \_\_\_\_\_
- n) Are you a U.S. Citizen: . . . . . ☐ Yes ☐ No  
If "No," complete Foreign National form UN 0918  
and provide the following:  
Citizenship: \_\_\_\_\_  
Visa Type: \_\_\_\_\_ Visa #: \_\_\_\_\_
- o) Multiple Ownership (indicate type):  
☐ Joint with Survivorship ☐ Tenants in Common
- p) Successor Owner:  
Name: \_\_\_\_\_  
Social Security/Tax ID No.: \_\_\_\_\_

**3. Proposed Insured: (Child One or Other)**

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_

**4. Proposed Insured: (Child Two or Other)**

- a) Name: \_\_\_\_\_
- b) Relationship: \_\_\_\_\_
- c) Date of Birth: \_\_\_\_\_ d) Sex: ☐ Male ☐ Female
- e) Place of Birth: \_\_\_\_\_
- f) Social Security No: \_\_\_\_\_
- g) Ins. in Force/Company: \_\_\_\_\_
- h) Driver's License No: \_\_\_\_\_



## AS 2550 Exhibit A

<u>FORM NO.</u>	<u>DESCRIPTION</u>	<u>FLESCH SCORE</u>
<b>Applications * :</b>		
AS 2550 PI-A	Advisor Services Combo Application Personal Information Page One (1 <sup>st</sup> Insured)	52
AS 2550 PI-B	Advisor Services Combo Application Personal Information Page Two (Other Insured/s)	50
AS 2550 FI	Advisor Services Combo Application Financial Information Page	58
AS 2550 LQ HQ	Advisor Services Combo Application Lifestyle and Health Questionnaire Page	57
AS 2550 AG	Advisor Services Combo Application Agreement Page	52**

\*All application page flesch scores exclude medical terminology and language required by either state or federal law.

\*\* When taken with the policy, this page reaches a minimum flesch readability score shown.

## **READABILITY CERTIFICATION**

I, Robert G. Lange, an officer of Ameritas Life Insurance Corp., hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements of the laws and regulations of your state.

<b><u>Form</u></b>	<b><u>Description</u></b>	<b><u>Readability Score</u></b>
AS 2550 PI-A	Advisor Services Combo Application Personal Information Page One (1 <sup>st</sup> Insured)	52
AS 2550 PI-B	Advisor Services Combo Application Personal Information Page Two (Other Insured/s)	50
AS 2550 FI	Advisor Services Combo Application Financial Information Page	58
AS 2550 LQHQ	Advisor Services Combo Application Lifestyle and Health Questionnaire Page	57
AS 2550 AG	Advisor Services Combo Application Agreement Page	52**

\*All application page flesch scores exclude medical terminology and language required by either state or federal law.

\*\*When taken with the policy, this page reaches a minimum flesch readability score shown.



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Robert G. Lange, Vice President, General Counsel & Asst Secty. –  
Ameritas Life Insurance Corp.

March 26, 2008



5900 O Street / P.O. Box 81889 / Lincoln, NE 68501-1889  
(402) 467-1122 / (800) 745-1112 / Facsimile: (402) 467-7956

March 25, 2008

Attn: Dan Honey  
Honorable Julie Benafield Bowman  
Insurance Commissioner  
Compliance Life and Health  
1200 West Third St  
Little Rock, AR 72201-1904

Re: Ameritas Life Insurance Corp.  
NAIC No. 61301-0943 FEIN No. 47-0098400

**Submission Form Identification:** AS 2550 PI-A, et al – Application for Insurance

**Designation of form as Individual or General Market:** Individual

**General Description of Submission:** Application to be used with individual and joint life products.

Dear Mr. Honey:

Enclosed for your review and approval are the above-referenced individual application forms which we are updating and revising the format for a multi-company approach. This AS 2550 Application series is being submitted in a modular format and will be used by the two UNIFI Companies of Acacia Life Insurance Company and Ameritas Life Insurance Corp as our general application for all future individual and joint life products. The applicant will be asked to check a box to indicate the company for which they are applying. For ease of administrative tracking, these forms are being submitted as two separate filings for each company.

This format will eliminate costly duplicative forms and enables the same information required for all individual life products to be either: 1) collected on the same form (such as name, address, etc.); or 2) provided to the client on the same form (such as conditional receipt and authorization). Product specific information is collected on the product specific components.

We are attaching an Exhibit A which lists the form numbers, form descriptions, flesch scores and whether or not each form is replacing a previously approved form. The flesch scores listed on the Exhibit A excludes medical terminology and federally or state required language. No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

These forms were filed concurrently with our domiciliary state of Nebraska. If you have any questions or comments regarding this filing, please refer them to me at 1-800-825-1551, extension 52355 or via e-mail at: [tgarett@unioncentral.com](mailto:tgarett@unioncentral.com). Thank you for your consideration of this submission. Be assured it is appreciated.

Sincerely,

Tanya Garrett